

In re application of:

Yang et al.

Atty. Docket No.: 50T5403.01/1695

Serial No.:

10/802,088

Filing Date

March 16, 2004

Title:

System And Method For Effectively Performing A Pattern Matching Procedure



COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		or	Other Than a Small Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Number of Extra Claims Present	Rate	Additional Fee	or	Rate	Additional Fee
Total	20	Minus	44	0	x \$11 =	\$0.00	or	x \$50 =	\$0.00
Indep.	8	Minus	14	0	x \$41 =	\$0.00		x \$210 =	\$0.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+\$135 =	\$0.00		+\$290 =	\$0.00
					Total Fee	\$0.00		Total Fee	\$0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-3367 in the amount of \$\_\_\_\_. **A duplicate copy of this sheet is attached.**

☐ Enclosed please find a credit card form for \$\_\_\_\_\_ for additional claims.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3367. **A duplicate copy of this sheet is attached.**


☒ Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,

Dated:

5/21/09

  
Gregory J. Koerner, Reg. No. 38,519  
Redwood Patent Law  
1291 East Hillsdale Blvd., Suite 205  
Foster City, CA 94404  
TEL: (650) 358-4000  
FAX: (650) 358-4085

In re application of: Yang et al.

Atty. Docket No.: 50T5403.01/1695

Serial No.: 10/802,088

Filing Date: March 16, 2004

Title: System And Method For Effectively Performing A Pattern Matching Procedure



COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		or	Other Than a Small Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Number of Extra Claims Present	Rate	Additional Fee	or	Rate	Additional Fee
Total	20	Minus	44	0	x \$11 =	\$0.00		x \$50 =	\$0.00
Indep.	8	Minus	14	0	x \$41 =	\$0.00	or	x \$210 =	\$0.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+\$135 =	\$0.00		+\$290 =	\$0.00
					Total Fee	\$0.00		Total Fee	\$0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-3367 in the amount of \$\_\_\_\_. A duplicate copy of this sheet is attached.

☐ Enclosed please find a credit card form for \$\_\_\_\_\_ for additional claims.

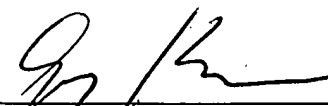
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3367. A duplicate copy of this sheet is attached.

☒ Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,

Dated: 5/21/09

  
Gregory J. Koerner, Reg.No. 38,519  
Redwood Patent Law  
1291 East Hillsdale Blvd., Suite 205  
Foster City, CA 94404  
TEL: (650) 358-4000  
FAX: (650) 358-4085